

Montgomery County, Maryland Homeless Continuum of Care

Authorization to Share Information

The Montgomery County, Maryland, Homeless Continuum of Care (MCHCoC) is comprised of a network of government agencies and non-profit organizations that provide shelter and other services to individuals and families who are homeless. The agencies and organizations that comprise the MCHCoC are named on this Authorization. In order to provide you with the best services possible, it is important that all of the agencies working with you are able to share information in order to plan and coordinate the services that you need. Only authorized staff that perform case management and/or administrative functions, may exchange information about you in written form (on paper) or verbally (through conversations or telephone calls) or electronically (through a shared database). We must have your written permission to share this information.* Certain other agency staff are authorized to view only your basic demographic information such as your name, date of birth, and other identifying information in the shared database.

Your signature on this authorization allows the named agencies to share your information in order to give you the best services possible.

I authorize the MCHCoC to share the following information about me with the agencies listed on this Authorization.

You must initial each item below to share this information.

1. _____My personal identifying information, such as my name, date of birth, and social security number. This information is available **only to authorized staff** that is trained on confidentiality and can access the shared database in order to identify clients in their program as well as to case managers and administrators.

The following information can be shared only among authorized staff that performs case management and/or administrative functions:

2. _____My financial information, including my income and assets, public benefits, and health insurance.
3. _____My housing and employment history, educational background, and, if applicable, incarceration history and probation status.
4. _____My behavioral health information including my mental health treatment history and any self-reported substance abuse.
5. _____My physical health information including my TB status, pregnancy status, medications, health problems, disabilities and recent hospitalizations.
6. _____Information on my past use of homeless services and contacts I have had with network members.

All network members have signed agreements to treat my information confidentially. If there is a need to share information about me with an organization not in the MCHCoC, I will be asked to sign a separate release of authorization form.

I understand that signing this form does not guarantee that I will receive assistance. Refusing to sign this form will not disqualify me from receiving basic services although some programs will have additional eligibility and information sharing requirements that I will need to meet. I understand that I may withdraw this consent at any time by submitting a written request to the program named below. The withdrawal will become effective on the date that it is signed and does not apply to information that has already been disclosed.

This authorization is valid until _____ (date not to exceed one year) or until I withdraw it in writing.

Client name (print): _____ Signature: _____

Witness name (print): _____ Signature: _____

Program/Agency (print): _____ Date: _____

* Because the network receives funding from the federal government, we must collect the following information which will be stored in a database maintained by the Montgomery County Department of Health and Human Services, Systems and Technology Unit: name; birth date, social security number; gender; ethnicity and race; information about your status as a veteran; disabling condition, if any; and information about where you lived prior to becoming homeless. Information will be included in reports required by the U.S. Department of Housing and Urban Development but these reports will be done in a format that will not individually identify you or your family members.

DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)
HOMELESS SERVICES PROGRAMS AND CONTRACTORS THAT COMPRISE THE
MONTGOMERY COUNTY, MARYLAND HOMELESS CONTINUUM OF CARE
The agencies and programs listed on this form are subject to change.

<p>Day Services Bethesda Cares Interfaith Works Community Vision Montgomery Avenue Women's Center Shepherd's Table, Inc.</p> <p>Health Care Providers and Case Management Community Clinic, Inc. Housing Opportunities Commission Mansfield Kaseman Health Clinic Mobile Medical Care, Inc. Primary Care Coalition Quest, Inc. The Coordinating Center, Inc.</p> <p>Homeless Outreach People Encouraging People</p> <p>Emergency and Shelter Providers Catholic Charities Services, Inc. Bethesda House Chase Partnership Shelter Dorothy Day Place</p> <p>City of Gaithersburg Wells Robertson House</p> <p>Interfaith Works Carroll House Shelter Community Vision Overflow Shelter Friends in Action Wilkins Avenue Women's Assessment Center (formerly CBS and Sophia House) Watkins Mill House</p> <p>Mental Health Association of Montgomery County Places for People 1</p> <p>Montgomery County Coalition for the Homeless Men's Emergency Shelter Safe Havens</p> <p>Mount Calvary Baptist Church Helping Hands Shelter</p> <p>National Center for Children and Families Greentree Shelter Rapid Re-Housing Program</p> <p>Rockville Presbyterian Church Rainbow Place</p> <p>Stepping Stones Shelter, Inc. Stepping Stones Shelter</p>	<p>Government Department of Health and Human Services Access Behavioral Health Aging and Disability Services Core Services Agency Crisis Center Dennis Avenue Health Center Special Needs Housing</p> <p>Department of Housing and Community Affairs Housing Locator Program</p> <p>Permanent Supportive Housing Programs City of Gaithersburg De Sellum House</p> <p>DHHS Special Needs Housing Housing Initiative Program and Contracted Service Coordinators</p> <p>Interfaith Works Becky's House Interfaith Housing Coalition Interfaith Homes</p> <p>Community Ministry of Rockville Jefferson House</p> <p>Dwelling Place Transitional Housing New Opportunity Homes Permanent Supportive Housing</p> <p>Housing Opportunities Commission of Montgomery County</p> <p>Montgomery County Coalition for the Homeless Coalition Homes, Inc. Cordell Place Flower Home First Programs Hope Housing Partnership for Permanent Housing Programs Seneca Heights Housing Programs</p> <p>National Center for Children and Families Family Stabilization Program Rapid Re-Housing Program</p> <p>Mental Health Association of Montgomery County New Neighbors 1 New Neighbors 2 Places for People 3 Shelter Plus Care Programs</p> <p>Stepping Stones Shelter, Inc. Hope Housing</p>
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